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ABSTRACT

A Family Life Education course was developed to help educable mentally retarded urban high school students understand and deal with their sexuality. A networking approach was used whereby communication among students, school, and community members was emphasized. The objectives of the Family Life Education course are listed, following topics of discussion. The model for developing and implementing the instruction depicts roles of advisory board members and instructional staff. A bibliography of approximately 50 citations on the topic is also included, as is a sample agenda for a teacher workshop. (CL)

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FAMILY LIFE EDUCATION:

AN IMPORTANT COMPONENT FOR EMR LEARNING

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FAMILY LIFE EDUCATION:

AN IMPORTANT COMPONENT FOR EMR LEARNING

Statement of the Problem

Although our urban community within the larger metropolitan area has a wealth of school, social and community services to offer to its citizens, there is a prevalent social need of a segment of the population that is not being satisfied. The segment of society of concern here is the group identified as Educable Mentally Retarded. The social need to be addressed is the development of a sexual identity and an understanding of the global effects of sexuality on all aspects of their lives.

Statistics to Define the Problem

- 1) Recently it was learned that from a population of 12 EMR, H.S. females:
 - a. nine were either pregnant, mothers or the recipients of at least one abortion;
 - b. very few of these females were receiving pre-natal care or counseling- especially before the sixth month;
 - c. one young mother delivered (by C. Section) while being treated for active Herpes II;
 - d. grandmothers were attempting to raise the children of these females- usually with limited financial resources - and were often as limited academically as their daughters;
 - e. four of the young ladies mentioned now "earn a living" as prostitutes;
 - f. all of the nine received some community counseling, care, and contraceptive information but either had another child, contracted VD or had other related problems;

- 2) EMR males demonstrated difficulty in dealing with their sexuality by:
- a. occasional self-stimulation (masturbation) that required a change of clothing;
 - b. exhibiting mature/immature behavior in their relationships with their girl friends/wives and children (i.e. "macho man" vs. young kid);
 - c. confusion over homosexual or heterosexual identity;
 - d. ineffectively attempting to establish socially acceptable relationships with females;
 - e. utilizing violence and socially unacceptable relationships with females;
 - f. demonstrating their misinformation and lack of information about sexual development (e.g. from an EMR father-to-be "I'm gaining weight because I have cravings for food now that I am going to be a father.")

Suggested Solutions for the Problem

1. Actively assess the needs of the EMR population - both current and former - to develop the programs, organizations, services and academic curricula pertinent to your population.
2. Survey the available literature through your ERIC system and adapt the existing curricula wherever pertinent to the needs of your population. (See Attachment #3 for the compiled bibliography extrapolated from the recent computer search of the ERIC system).
3. Implement through adaptation the school system Family Life Education Course (see Attachment #1 after training (see Attachment #4)
4. Utilization of the technique of Networking (See next section and the Model for Networking labeled Attachment #2).
5. Enlist the aid of concerned parents, community leaders, clergy and others to initiate the development of a Family Life Curriculum. The community as a whole will accept much more readily a program or proposal sponsored by their neighbors and community leaders than by a bevy of teacher or school groups.

"Networking" as a Possible Solution

A network is defined by Webster as "a group, system, etc. of interconnected or cooperating individuals." This system of individuals has a common goal, identity or function. In the framework of this discussion, the goal is to provide options for students to deal with their sexuality.

The "Model" presented in Attachment #2 delineates the relationship between the community and the school to affect the needed training.

Allow self-analysis and most Special Educators discover that they employ "Networking" now in their own classrooms. The use is curative in the medical sense and a reaction to a problem or a concern.

Networking as a philosophy of cooperative education allows for preventive medicine. Alternatives and options become possible realities instead of "cures" or unsatisfactory or temporary solutions when dealing with crisis situations.

Networking as a preventive educational tool would allow positive developments. Examples follow.

1. Communication channels between the school, community and the EMR population would be established so that:
 - a. The students would know the community service personnel.
 - b. The students would know where the services were located.
 - c. The students would know how to contact the agency.
 - d. Community personnel (esp. hospital and clinic professionals) would know and recognize the students and be familiar with their needs and limitations.
2. Professional expertise, facilities and training would be introduced to EMRs in non-threatening, planned "encounters" to encourage life-long use of the available community services.
3. "Professionals" and "Experts" would share their expertise as guest teachers in the classroom or by taking the classroom to the professional.

4. Transportation to workshops, clinics, programs sponsored at or by recreation departments in local neighborhoods could be provided by the recreation department for after-school events.
5. Films, video presentations and speakers would facilitate traditional education for the students with low reading vocabulary. (i.e. dependence on paper and pencil tasks to complete a Family Life course successfully would eliminate most - if not all - EMRs)
6. Materials, supplies and equipment might be furnished by the community agency or be loaned to the classroom teacher.
7. The involvement of the community personnel would assist the educators in evaluating, modifying and adjusting the program when it was needed.

Summary

The needs of EMR students in Family Life Education are different than those of the majority of public school students. Adaptations both in philosophy and curricular content are necessary if education is to occur. It is hoped that the materials and information contained herein will provide the impetus to initiate the development of EMR Family Life Education programs.

Attachment # 1

ALEXANDRIA CITY PUBLIC SCHOOLS

Alexandria, Virginia

FAMILY LIFE EDUCATION COURSE

I. Course Objectives:

1. To give the student a knowledge of and appreciation for the importance of the family as a basic unit of society and his/her responsibility as a member of the family.
2. To have the student examine elements and personal habits which contribute to healthy physical, intellectual and psychological growth from childhood through old age.
3. To give the student specific information on substance abuse as it relates to each part of the cycle.
4. To give the student knowledge of the human growth cycle, with its developmental stages from prenatal through old age, in order to help the student to understand and develop effective parenting skills.
5. To help the student understand how sexuality is integrated into the total personality.
6. To help the student understand the conflicting messages that society sends regarding sexuality.
7. To help the student establish ethical standards of sexual behavior and develop a wholesome attitude toward sex, relationships, and dating.
8. To give the student factual information about reproduction.
9. To help the student understand the implication of premarital relations and of the possible effects.
10. To help the student develop an understanding of and responsibility for family planning.
11. To help the student develop a variety of decision-making skills that will help him/her make responsible life choices.

II. Course Content:

1. The Function of the Family
 - . Family functions
 - . Family forms
 - . Family influence on society
2. Prenatal Growth and Development
 - . Male and female reproductive systems
 - . Conception and pregnancy
 - . Birth
3. Infancy
 - . Birth process
 - . Basic facts of biological growth
 - . Total dependency and psychological needs
 - . Importance of parents to child's growth
 - . Development of sexuality
 - . Psychosexual development (Erikson)

4. Toddler
 - . Major tasks of infancy
 - . Basic facts of biological growth and development for age 1-3 years
 - . Growing independence and subsequent psychological needs
 - . Characteristics and cognitive capacities of toddler
 - . Place in family
 - . Psychosexual development (Erikson)
5. Play Age
 - . Basic facts of biological growth and development for age 3-6 years
 - . Expanded imagination; fantasies; establishment of conscience
 - . Learned sex roles; gender identity
 - . Family relationships
 - . Cognitive capacities (language, separating reality and fantasy)
 - . Psychosexual development (Erikson)
6. School Age
 - . Basic facts of biological growth and development for age 6-11 years
 - . Family relationships (represents family as child begins to move into school)
 - . Social relationships outside of the home
 - . Separation of sexes (children want to be in same sex-groups at this stage)
 - . Interpersonal relations; (development of best friend)
 - . Psychosexual development (Erikson)
 - . Period of intense learning
7. Adolescence
 - . Basic facts of biological growth (male/female reproductive systems)
 - . Puberty/Three stages of adolescence (physical and emotional changes)
 - . Change in intellectual potential
 - . Social relationships (dating, sexual behaviors, sexual identity)
 - . School-aged parenthood (abortion, adoption, birth control, early marriage, single-parenting)
 - . Career considerations and preparation
 - . Consequence of adolescent experimentation (drugs, drinking, sex, and driving)
8. Young Adult
 - . Emotional independence from family
 - . Choice of mate and career
 - . Sexual adjustments
 - . Family planning
 - . Parenting
9. Middle Age
 - . Basic facts of biological changes
 - . Menopause
 - . Changing family patterns
 - . Period of stock-taking
 - . Loss of mate
 - . Sexual response
10. Old Age
 - . Basic facts of three stages of old age (retired, elderly and senile)
 - . Crucial problems of the aged
 - . Positives of old age
 - . Sexual adjustments
11. Death and Dying
 - . Denial
 - . Anger
 - . Bargaining
 - . Depression
 - . Acceptance

MODEL FOR DEVELOPMENT AND IMPLEMENTATION OF FAMILY LIFE TRAINING FOR EMR STUDENTS

ADVISORY BOARD

Members could include-

1. Director of Special Education
2. Director of Psychological Services
3. Director of Guidance
4. High School Nurse
5. EMR teachers
6. Parent representative of EMR student representative
7. EMR student
8. Community agencies (e.g. Health Dept., Mental Health Center, Office on Youth Services, N. Va. Family Services, Planned Parenthood, etc.)

Suggested Functions of Board-

- Assist with topic unit development based on EMR needs
- Assist with providing outside community resources to supplement taught units
- Suggest possible funding sources
- Serve as informal evaluators to monitor progress of training, make suggestions for modifications, etc.

EMR FAMILY LIFE TRAINING

Topical Units (based on topics approved by Alex. School Board for 9th grade implementation)

Curriculum was devised by—

1. Parent/community advisory group
2. Assigned teachers and school administrators

Units would be taught be EMR teachers with resource support from community groups

EMR INSTRUCTIONAL STAFF

Suggested functions-

- Prepare units based on Family Life topics based on specific class needs which includes
 1. Developing specific goals/objectives
 2. Determining time frame for units
 3. Identifying community resources needed for supplemental activities (e.g. speakers, additional resource materials)
 4. Establishing evaluation criteria
- Implement established units
- Evaluate success of units making modifications as necessary

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Attachment #4

ENTRY LEVEL

EDHP 539G: Developing Basic Skills
for Sex Educators

January

- Session 1 8:00 a.m. - 4:00 p.m.
Sexual attitude assessment.
Historical/current. Kinsey, Masters and Johnson
Sexual response cycle. Personal attitudes examined.

February

- Session 2 Values, value development.
3 Vocabulary, sexual/reproductive anatomy.
4 Values in Sexuality: in history in transition, adolescent
values in pscho-sexual context.
5 Abortion, adolescent decision-making.

March

- Session 6 Teenage pregnancy, Role Playing as a Technique.
7 Pschosexual development, birth to death. Erikson as model.
8 Adolescent identity crisis in sexual valuing, identity, and
behavior.
9 Contraceptive use in adolescence.

April

- Session 10 Hormonal influences, development of physical maturity,
pregnancy, and childbirth.
11 Aberrant sexual behavior: prostitution, rape, etc.
12 Regulating sexual behavior: laws and pornography.

May

- Session 13 Update on relevant research and literature.
Preface to next course.